

Maniilaq Counseling & Recovery Center
733 2nd Avenue, Kotzebue, Alaska 99752
Phone: 907.442.7640 | Fax: 907.442.7749
www.maniilaq.org



Consent to Release/Exchange Information

I: _____ authorize **Maniilaq Counseling and Recovery Center** to:

(Please initial authorized communication)

_____ Release Information _____ Mutually Exchange Information _____ Verbally Exchange Information

With: _____
(Name of Person or Agency)

(Contact Information)

Regarding _____
(Client's Full Name)

(Date of Birth)

Information to be released:

(Please initial all information authorized for release)

- | | | |
|----------------------------|------------------------------|--|
| _____ Entire Client Record | _____ Psychiatric Evaluation | _____ Psychological Testing/Assessment |
| _____ Psychopharmacology | _____ Progress Notes | _____ Substance/Dependence Assessments |
| _____ Treatment Plan | _____ Diagnosis | _____ Mental/Behavioral Assessments |
| _____ Discharge Summary | _____ HIV/AIDS | _____ Other |

The purpose for the release of this information:

(Please initial all information authorized purposes)

- | | |
|--|--------------------|
| _____ Sharing with other health care providers | _____ Legal |
| _____ Coordination of care | _____ Other: _____ |

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I might be denied services if I refuse to consent to a disclosure for other purposes. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. This consent expires one year from the dated signature or on the following date: _____

_____ Client Name (Please print legibly)	_____ Client Signature	_____ Date
_____ Guardian Name/Relationship (Please print legibly)	_____ Guardian Signature	_____ Date
_____ Witness Name (Please print legibly)	_____ Witness Signature	_____ Date